



Quality Enhancement Research Initiative

FACT SHEET

ISSUE VI

Overview

The Quality Enhancement Research Initiative (QUERI) was launched in FY 1998 to facilitate systematic, continuous implementation of research findings and evidence-based recommendations into routine clinical practice within VA. QUERI is a central component of VA's overall organizational commitment to evidence-based quality improvement.

Each of eight multidisciplinary, condition specific QUERI Coordinating Centers focuses on one of the following conditions: Chronic Heart Failure, Colorectal Cancer, Diabetes, HIV/AIDS, Ischemic Heart Disease, Mental Health, Spinal Cord Injury, and Substance Use Disorders. These were selected based on their prevalence among veterans and burden on patients, their families, and the VA health care system (e.g., high costs and resource utilization).

The QUERI Process

All QUERI Coordinating Centers use a six-step process to achieve health care practice and outcome improvements:

- 1) identify high-risk/high volume diseases or problems;
- 2) identify best practices;
- 3) define existing practice patterns and outcomes across VA and current variation from best practices;
- 4) identify and implement interventions to promote best practices;
- 5) document that best practices improve outcomes; and
- 6) document that outcomes are associated with improved health-related quality of life.

Using this process, QUERI Coordinating Centers conduct a diverse portfolio of projects.

QUERI Highlights:

Below is a sample of exciting QUERI activities underway within each QUERI Coordinating Center:

- **Chronic Heart Failure (CHF):** QUERI-CHF is a high-utilization condition for VA. For example, in 1997 nearly half of the patients discharged with a diagnosis of CHF were readmitted within 180 days. The QUERI-CHF Coordinating Center, in collaboration with VISN 16, conducted a two-year project to develop, implement, and monitor a case management and educational intervention at four VISN 16 facilities designed to improve the care of patients with CHF and to reduce hospital readmission rates. Outcomes measured included weight management, medication compliance, reductions in hospital readmission rates, use of urgent care, multi-stay ratio, and one-year survival.
- **Colorectal Cancer (CRC):** QUERI-CRC ranks second among causes of cancer deaths and accounts for approximately 11% of all new cancer cases. The 5-year relative survival rate is more than 90% for people whose CRC is found and treated in Stage I; however, fewer than 30% of cases are detected in an early stage. Thus, the new QUERI-CRC group is focusing its initial efforts on identifying and implementing interventions to promote best CRC screening and colonoscopic follow-up practices.
- **Diabetes Mellitus (DM):** QUERI-DM is working to reduce the numbers of veterans with diabetes at high risk for preventable morbidity and mortality due to suboptimal blood pressure control (systolic > 140 or diastolic > 90), substantial elevations of LDL cholesterol (LDL > 140), and/or substantial elevations in HbA1c (> 9.0%). QUERI-DM targets primary care providers in this effort. QUERI-DM is also working to decrease the number of veterans with visual loss due to retinopathy, as well as amputation rates among diabetics, by developing effective interventions for patients at high-risk.
- **HIV/AIDS:** QUERI-HIV/AIDS focuses on optimizing anti-retroviral-prescribing and other guideline-based treatments for HIV. VA is the largest provider of HIV care in the US, and research indicates that antiretroviral treatment within VA ranges from exceeding clinical expectations to falling short of professional standards. QUERI-HIV/AIDS is developing a standard database of patients receiving HIV care within VA, and testing quality improvement strategies to improve that care, in addition to reviewing current screening policies to improve identification of veterans at risk for HIV.
- **Ischemic Heart Disease (IHD):** QUERI-IHD continues its focus on secondary prevention of IHD in the outpatient setting through reduction of risk factors, in particular LDL-

cholesterol. QUERI-IHD is evaluating the effectiveness of electronic clinical reminders in increasing rates of LDL measurement, and improving lipid management. QUERI-IHD is working closely with VA's Office of Quality and Performance, and Patient Care Services to monitor and improve care for veterans with acute coronary syndromes.

- **Mental Health (MH):** QUERI-MH has found that VA prescribing rates for the newer antipsychotic agents, which have a more favorable side-effect profile than traditional antipsychotic medications, vary widely. MHQ is working to improve medication management for schizophrenia by increasing the guideline-concordant use of newer antipsychotics, and by increasing the frequency of prescribing anti-psychotics at guideline-recommended doses. In addition, researchers are developing a collaborative care model to improve the quality of depression care.
- **Spinal Cord Injury (SCI):** Veterans who live with a spinal cord injury have a lifelong condition that affects most body systems at and below the level of injury. QUERI-SCI is working to increase preventive services, improve health-related behaviors, and study SCI-specific secondary complications. Three high volume, high priority, expensive SCI-specific problems are the focus of QUERI-SCI: respiratory

complications, pressure ulcers, and chronic pain. Currently, a national vaccine project has been implemented to increase the number of veterans with SCI who receive pneumococcal and annual influenza vaccinations.

- **Substance Use Disorders (SUD):** QUERI-SUD will soon complete a two-year project to increase access to opioid agonist treatment (OAT, e.g., methadone) for veterans with opioid dependence, and to develop and pilot a quality improvement intervention to enhance OAT clinic concordance with four best-practice recommendations: 1) adequate agonist dosing, 2) adequate counseling support, 3) maintenance orientation, and 4) contingency management. In a second implementation project, QUERI-SUD researchers are assessing the effectiveness of a strategy to identify smokers who are interested in quitting and link them with individually tailored interventions.

QUERI Project Opportunities

Support for QUERI projects is provided by HSR&D through a broad range of funding mechanisms and programs. More information about project participation and funding opportunities is available through the HSR&D website, at www.hsrdr.research.va.gov/.

The QUERI Organization

Effective teamwork, strong national leadership, and dynamic collaborations are central to QUERI's success. QUERI is coordinated by VA's HSR&D in Washington, DC, and the individual QUERI Coordinating Centers are located throughout the country. Each Center is co-led by a Research Coordinator and a Clinical Coordinator, who work with a multidisciplinary team of VA and non-VA clinicians and investigators ("Executive Committee") to oversee and conduct QUERI projects. Scientific reviewers, advisors, and VA

leaders also contribute to QUERI's progress by assuring its integration within VA. Overall, the QUERI organization creates an infrastructure designed to promote integration and a systems approach to health care quality enhancement.

QUERI Research and Clinical Coordinators:

Chronic Heart Failure

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